THE STATE OF NEW HAMPSHIRE RP-10 DEPA ITMENT OF REVENUE ADMINISTRATION INTEREST AND DIVIDENDS TAX RETURN THE STATE OF NEW HAMPSHIRE

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,	ame of Partnership	, Flouciery	3.		SPOUSE'S	SOCIAL SECURITY	/ NUMBER		
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ि	ity or Town, State a	nd Zip Code				FEDERAL IC	DENTIFICATION NUM —	MBER (Partnership &	Fiduciery)
	ENTITY	TYPE CHECK O	NE	FR	OM YOUR FEDER	AL INCOME	TAX RETUR	N	
•			INT ①	e e e e e e e e e e e e e e e e e e e	(INDIVIDU	IAL/JOINT only	r)		
al		RSHIP ③		A. Taxable Interest					
on	☐ FIDUCIA		% of	B. Tax-exempt Inter					
al >0	NH Owne	ership		C. Dividend Income	E (Line 9 of IRS Form 10	40 or 1040A)		. [Þ	
	☐ INITIAL	RETURN	AN	MENDED RETURN	☐ FINAL RE	TURN	☐ SHORT	PERIOD RE	TURN
	Establish	ed 🗆 Aband	doned res	sidency in New Hamp	shire during 1992.		. Date moved	month day	1000
•	Check he	are if this return	includes	s income of a decease	ad taxnaver	· ·	Date of death	1	year
				leceased taxpayer _	—		Date Of UBAIN	month day	year
				stments to your Feder	ral Income Tax Ret	urn that vou	 have not prev	viously renor	ted.
				e cover. Use form RP					
		С	OMPL	ETE PAGE 2 BE	FORE COMP	UTING T	ΆX		
	6. Gross Ta	xable Income (L	Line 5, pa	age 2)			6.		
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FORM RP-10

REPORT OF INTEREST AND DIVIDENDS INCOME TAX YEAR 1992

SOURCE	COLUMN	1_	COLUMN 2	
LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C & D WHETHER TAXABLE BY THE STATE OR NOT	ENTER ALL AMOUNTS AS SHOWN ON YOUR FEDERAL RETURN		ENTER ONLY THE AMOUNTS THAT ARE TAXABLE TO NEW HAMPSHIRE	
PART A - INTEREST INCOME (See instructions)				1
	\$	 	\$	ļ
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		\vdash		
		-		
				†
				ļ
				ļ
Total from any supplemental schedule attached				ļ
1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1	\$		\$	<u> </u>
PART B – DIVIDEND INCOME (See instructions)	·			,
	\$		\$	
		ļ <u>I</u>		
·				
				-
				
Total from any supplemental schedule attached				
SUB TOTAL	\$		\$	
(a) ENTER THE TOTAL CAPITAL GAINS PORTION OF ALL DIVIDENDS (Individual/Joint filers: from your 1040, Schedule B, line 7)				
(c) ENTER THE TOTAL OF (a) and (b)(c)				
Totals for Part B — SUB TOTAL less Line (c) Column 1 must agree with Step 2, line C, on page 1	\$		\$	
PART C - FEDERAL EXEMPT INTEREST INCOME List individual payers (See instructions)				
	\$		\$	
Total from any supplemental schedule attached				
3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1	\$		\$	L
PART D - OTHER INCOME SUBJECT TO INTEREST & DIVIDENDS TAX (See instructions)				
TYPE PAYER'S IDENTIFICATION NUMBER NAME OF PAYE	R			
			\$	
4. Total Part D		-	\$	
5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here Also, enter same amount on line 6, page one of this return			\$	